

Army Career Tracker (ACT) System

- Screen Shots of DA Form 5434 -

LOG OUT

TEST1 TEST

- HOME
- TRACK
- PLAN
- LEAD & MANAGE
- COMMUNITIES
- ACCULTURATION
- SPONSORSHIP**
- DA FORM 5434 (EARLY ACCESS)
- SPONSOR HOME
- SPONSOR REC KIT
- DASHBOARD
- ADMINISTRATION

- SPONSORSHIP (TPU)
- SPONSORSHIP HELP
- ACT ADMIN
- HELP & SUPPORT**
- INFORMATION &

YOU HAVE NEW SPONSORSHIP MESSAGES. VIEW MESSAGES

IMPORTANT NOTICE ABOUT LOADING DA FORM 5434
If you are using Internet Explorer 9, please set Compatibility View to OFF (Instructions)
If you are using Internet Explorer 11, please set Compatibility View to ON (Instructions)

CREATE NEW FORM

To create your DA Form 5434:

1. Click the "Create New Form" button. If you have already created your form and need to finalize or update, click on the hyperlinked DA Form 5434 in the "Form Name" column.
2. Complete all fields in **Sections 1,2,4 and 5**. Section 3 will be completed by your Sponsor.
3. Ensure that the Certification Check Box in Section 1 is checked, otherwise Section 1 will not be complete.
4. Click the "Save" button at the bottom of the form for the system to capture any data entered in Sections 1,2,4, and 5. Be sure to **SAVE** your form!

Note: Section 3f (Date of Initial Contact) of your DA Form 5434 will populate based on the date your "Sponsor Assignment and Welcome Letter" notification was sent by your gaining Coordinator.

***** WARNING- Please do not paste text from other applications such as Word or html, doing so will invalidate the form and require you to re-start from the beginning. Additionally, do not use special characters in any field. These include characters such as: ^ / - ~ ' # ^ ? ! @ # \$ % ^ & ()**

MY FORMS

FORM NAME	STATUS	SECTION 1	SECTION 2	SECTION 3	SECTION 4	SECTION 5	LAST MODIFIED	CREATED DATE
No Data Available								

No form to load

LOG OUT

ADMINISTRATION

- SPONSORSHIP (TPU)
- SPONSORSHIP HELP
- ACT ADMIN
- HELP & SUPPORT**
- INFORMATION & UPDATES
- ACT KNOWLEDGE BASE
- SUBMIT HELP TICKET
- FEEDBACK

MY FORMS

FORM NAME	STATUS	SECTION 1	SECTION 2	SECTION 3	SECTION 4	SECTION 5	LAST MODIFIED	CREATED DATE
No Data Available								

SPONSORSHIP PROGRAM COUNSELING AND INFORMATION	
<p style="text-align: center; font-size: small;">For use of this form, see AR 600-8-8; the proponent agency is ACSIM.</p> <p style="font-size: x-small;">The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (XXX-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p style="font-weight: bold; font-size: small;">PLEASE DO NOT SUBMIT YOUR FORM TO THE ABOVE ADDRESS. SUBMIT COMPLETED FORM ELECTRONICALLY VIA THE ARMY CAREER TRACKER WEBSITE.</p>	<p style="font-size: x-small;">OMB Control Number [Insert #] Expires [Insert Date] XXX-XXX-XXX</p> <p style="text-align: center; font-weight: bold; font-size: small;">FOR OFFICIAL USE ONLY</p>
DATA REQUIRED BY THE PRIVACY ACT OF 1974	
AUTHORITY:	Title 5, USC Section 301. The Privacy Act System of Record Notice (Army Career Tracker, A0350-1b TRADOC) is located at http://dpcid.defense.gov/Privacy/SORNIndex/DODwideSORNArticleView/tabid/6797/Article/570016/a0350-1b-tradoc.aspx . The DD Form 2930, Privacy Impact Assessment (Army Career Tracker, TRADOC) included in the ICR package is located at http://cio6.army.mil/Portals/1/PIA/2015/ACT.pdf .
PRINCIPAL PURPOSE:	Personnel service support. To counsel Soldier or civilian employee about sponsorship program entitlements, and provide information to gaining battalion or activity of new members.
ROUTINE USES:	The DoD Blanket Routine Uses set forth at the beginning of the DoD's compilation of systems of records notices may apply to this system.
DISCLOSURE	Mandatory for service members. Nondisclosure may prevent participation in the sponsorship program.

1.

Army Knowledge Online

NOTE: Soldiers/Family members/Civilians may retrieve information regarding their new assignment at AKO:

<https://www.us.army.mil>

I have been counseled on the **Total Army Sponsorship Program**

Typed or Printed Name:

MOS/Branch/Civilian Occupational Series:

Rank/Grade

I certify that all of the information provided by me in this application (and/or any other accompanying or required documents) is correct, accurate and complete to misrepresentations or falsifications of any kind.

2. ARRIVAL INFORMATION TO ASSIST GAINING UNIT OR ACTIVITY:

If additional space is necessary, please attach your documentation to the form

(Rank/Grade and Name):

a. I, , am on assignment to

(Gaining Installation):

(Month and Year):

and expect to arrive on/about

b. Soldier's/Civilian's contact information:

Current Unit/Activity Address:

DSN Phone number:

Cell Phone number:

Email address:

Other (i.e. Social Media)

Leave Address and Phone number at this address until:

c. Status (check one): Married-accompanied Single-accompanied Married-unaccompanied Single-unaccompanied

d. Accompanied by Family members:

NAME	AGE	SEX	RELATIONSHIP	Exceptional Family Member Program (EFMP)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

3. GAINING UNIT/ACTIVITY INFORMATION:

If additional space is necessary, please attach your documentation to the form

a. Gaining Unit/Activity:

b. Unit CDR/Supervisor:

Phone number:

Email address:

c. Unit sponsor:

Phone number:

Email address:

d. Unit 1SG/Supervisor:

Phone number:

Email address:

e. TASP Unit Coordinator:

Phone number:

Email address:

f. Date of initial contact:

4. LOSING UNIT/ACTIVITY INFORMATION: *If additional space is necessary, please attach your documentation to the form*

<p>a. Losing Unit/Activity: <input type="text"/></p> <p>b. Unit CDR/Supervisor: <input type="text"/> Phone number: <input type="text"/> Email address: <input type="text"/></p>	<p>c. Unit 1SG/Supervisor: <input type="text"/> Phone number: <input type="text"/> Email address: <input type="text"/></p> <p>d. TASP Unit Coordinator: <input type="text"/> Phone number: <input type="text"/> Email address: <input type="text"/></p>
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5. FAMILY CONSIDERATIONS: *If additional space is necessary, please attach your documentation to the form*

<p>a. Housing requirements <i>(check one)</i>: <input type="checkbox"/> On-post housing <input type="checkbox"/> Off-post housing</p> <p>c. Child care requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/></p> <p>e. List of local schools: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/></p> <p>g. Additional comments: <input type="text"/></p>	<p>b. Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list pet(s) and type(s): <input type="text"/></p> <p>d. Spousal Employee Info: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list type of work: <input type="text"/></p> <p>f. Contact by Unit Family Readiness Group (RFG) If yes, list Email address: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/></p>
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